Approved for use through 75,1500 CMSC2 (2.6.4)

U.S. Patient and Trademand Office LU. SEPARTHER CONTROL OF A valid Office CMSC2 (2.6.4)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMS control number.

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 1517.005 | |
|--|-------------------|-----------------------------------|------------------|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | |
| Application Number 10/007,620 | J (11,1X. 4010)-) | | |
| For System and Method for a Seamless User Interface for an Integrated Electronic Healthcare Information System | | | |
| Art Unit 2179 | | Examiner Xiomara L. Bautista | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| <u></u> | <u>Fee</u> | Small Entity Fee | |
| X One month (37 CFR 1.17(a)(1)) | \$ 120 | \$ 60 | \$ <u>120.00</u> |
| Two months (37 CFR 1.17(a)(2)) | \$ 450 | \$ 225 | \$ |
| Three months (37 CFR 1.17(a)(3)) | \$ 1,020 | \$ 510 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$ 1,590 | \$ 795 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$ 2,160 | \$ 1,080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| X The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1170</u> . I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. | | | |
| Statement under 37 CFR 3/73(b) is enclosed. (Form PTO/SB/96). X | | | |
| atterney or agent of record. Registration Number 31,233 afterney or agent under 37 CFR 1.34. | | | |
| Registration number if acting under 37 CFR 1.34 | | | |
| | | October 31, 2006 | 3 |
| Signature | | Date | |
| Keith M. Baxter | | 414.225.9755 | |
| Typed or printed name Telephone Number | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total offorms are submitted. | | | |
| This collection of information is required by 37 CFR 1 136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the | | | |

This collection of Information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USFT 00 process) an application. Confidentially is governed by 36 U.S. C. 124 and 37 CFR 1.11 and 11.4. This collection is estimated to fermiouse to complete, including gathering, preparing, and submitting the completed application form to the USFT0. Time will vary depending upon the Individual case. Any comments on the acquest to complete the form and/or suggestients for reducing the burbent, should be sent to the Child Renation Officer, U.S. Pattent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Association, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patterts, P.O. Box 1450, Association, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.